

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

<b>CALIFORNIA 460</b> <b>FORM</b>	Page <u>1</u> of <u>5</u>	For Official Use Only
Date Stamp		

<p><b>Statement covers period</b></p> <p>from <u>07/01/2021</u></p> <p>through <u>12/31/2021</u></p>	<p><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p><u>11/05/2024</u></p>
<p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Primary Formed Candidate/ Committee</p> <p><input type="checkbox"/> Controlled</p> <p><input type="checkbox"/> Sponsored</p> <p><small>(Also Complete Part 6)</small></p> <p><input checked="" type="checkbox"/> Preelection Statement</p> <p><input type="checkbox"/> Semi-annual Statement</p> <p><input type="checkbox"/> Termination Statement</p> <p><small>(Also file a Form 410 Termination Statement)</small></p> <p><input type="checkbox"/> Amendment (Explain below)</p>	
<p><b>Complete Parts 1, 2, 3, and 4.</b></p> <p><b>Primary Formed Ballot Measure Committee</b></p> <p><input type="checkbox"/> Controlled</p> <p><input type="checkbox"/> Sponsored</p> <p><small>(Also Complete Part 6)</small></p> <p><b>Primarily Formed Candidate/ Differender Committee</b></p> <p><small>(Also Complete Part 7)</small></p>	

## **1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>    | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officerholder Committee<br><i>(Also Complete Part 7)</i> |
|    |  |  |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee |  |  |

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### 3 Committee Information

COMMITTEE NAME / OR CANDIDATE'S NAME (IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2024

STREET ADDRESS (NO P.O. BOX)			
<u>1124 W. Main Street, Suite D</u>		STATE	ZIP CODE
		<u>CA</u>	<u>93458</u>
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
<u>Santa Maria</u>		STATE	ZIP CODE
		<u>CA</u>	<u>805-619-0566</u>
AREA CODE/PHONE			

OPTIONAL: FAX / E-MAIL ADDRESS

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Signature of Treasurer or Assistant Treasurer  
By \_\_\_\_\_

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

\_\_\_\_\_  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Sinn und Sinnlichkeit. Grundideen eines Modernen Denkens

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA 460  
FORM**

Page 2 \_\_\_\_\_ of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Carlos Escobedo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City of Santa Maria District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Santa Maria CA 93458  
1010 W. Alvin Ave.

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES     NO

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**6. Primarily Formed Ballot Measure Committee**  
**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT

OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2024

## Contributions Received

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	\$ 723.85	
2. Loans Received .....	Schedule B, Line 3 \$ 0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 0.00	\$ 723.85	
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 0.00	\$ 723.85	

## Expenditures Made

6. Payments Mads.....	Schedule E, Line 4 \$ 0.00	\$ 950.05	
7. Loans Made.....	Schedule H, Line 3 \$ 0.00	0.00	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 0.00	\$ 950.05	
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 0.00	0.00	
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$ 0.00	0.00	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 880.88	\$ 950.05	

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 5,024.97		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above 0.00		
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00		
15. Cash Payments .....	Column A, Line 8 above \$ 880.88		
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,144.09		
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0.00		

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ 0.00		
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 0.00		

**Schedule B – Part 1**  
**Loans Received**

**Amounts may be rounded to whole dollars.**

Statement covers period from <u>07/01/2021</u>		through <u>12/31/2021</u>		Page <u>4</u> of <u>5</u>																																											
NAME OF FILER		I.D. NUMBER																																													
<p><b>Schedule B – Part 1</b> <b>Loans Received</b></p> <p>SEE INSTRUCTIONS ON REVERSE</p> <p>Carlos Escobedo for Santa Maria City Council District 1 2024</p> <table border="1"> <thead> <tr> <th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th> <th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th> <th>(a) OUTSTANDING BALANCE BEGGING THIS PERIOD</th> <th>(b) AMOUNT RECEIVED THIS PERIOD</th> <th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th> <th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th> </tr> </thead> <tbody> <tr> <td>Carlos Escobedo 1010 W. Alvin Avenue Santa Maria, CA 93458</td> <td>Outreach Specialist Allan Hancock College</td> <td>\$ <u>2,000.00</u></td> <td>\$ <u>0.00</u></td> <td><input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u></td> <td>\$ <u>2,000.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td align="right"><b>SUBTOTALS</b></td> <td></td> <td>\$ <u>0.00</u></td> <td>\$ <u>0.00</u></td> <td>\$ <u>2,000.00</u></td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table> <p style="text-align: right;">(Enter (e) on Schedule E, Line 3)</p> <p><b>Schedule B Summary</b></p> <ol style="list-style-type: none"> <li>1. Loans received this period ..... (Total Column (b) plus unitemized loans of less than \$100.)</li> <li>2. Loans paid or forgiven this period ..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)</li> <li>3. Net change this period. (<b>Subtract</b> Line 2 from Line 1.) ..... Enter the net here and on the Summary Page, Column A, Line 2.</li> </ol> <p style="text-align: right;">NET \$ <u>0.00</u></p>						FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGGING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	Carlos Escobedo 1010 W. 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<p><small>*Amounts may be rounded to whole dollars.</small></p> <p><small>†Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee</small></p>																																															

## Schedule B Summary

1. Loans received this period .....  
(Total Column (b) plus unitemized loans of less than \$100.)
  2. Loans paid or forgiven this period .....  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
  3. Net change this period. (**Subtract** Line 2 from Line 1.) .....  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

(בג'ען) (ט) טויל טכניון ר' בירב (ז)

ארכיאולוגיה של ימי קדום ורומיים בלבנט

\*\* If required.

FPPC Form 460 (Jan/2016))  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2024

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc 1 Hacker Way Menlo Park, CA 94025	Potential Bank Fraud Under Investigation	880.88

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....
  2. Unitemized payments made this period of under \$100.....
  3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....
  4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....
- |           |         |         |           |
|-----------|---------|---------|-----------|
| \$ 880.88 | \$ 0.00 | \$ 0.00 | \$ 880.88 |
|-----------|---------|---------|-----------|